Application or Docket Number

10755135

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL EI	NTITY	OTHER THAN		
TO	OTAL CLAIMS			(Column 1)		(Column 2)		TYPE		OR 7		
TOTAL CLAIMS			\2					RATE	FEE	1	RATE	FEE.
FC	)R		NUMBER	NUMBER FILED		BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGEA	ABLE CLAIMS	\2 mir	านร 20=	*			X\$ 9=		OR	X\$18=	l
INE	DEPENDENT CL	LAIMS	🦜 minus 3 =		<u> </u>			X43=		OR	X86=	•
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				Ī	+145=		OR	+290=	<u> </u>
* If the difference in column 1 is less than zero, enter "					"0" in c	olumn 2	L	TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II									<u> </u>	1 -	OTHER	THAN
	·	(Column 1)	<del></del>	(Colum		(Column 3)		SMALL		OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PHESE	NTATION OF MU	JLTIPLE DEF	, ENDEN!	CLAIM			+145=		OR	+290=	
								TOTAL		ייין	TOTAL ADDIT. FEE	
	,	(Column 1)		(Colum	nn 2)	(Column 3)	.Ai	DDIT. FEE L			AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u> </u>	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=			X86=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	<del></del>		OR	, , , , , , , , , , , , , , , , , , ,	
							L	+145=		OR	+290=	
						•		TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)	(Column 3)	ı	·							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			ا		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	THE THUMBSLINGS	TIDEL FIEVIOUSIY FO	AUTOL BY ITHE	3 SEACE IS	icss mai	1 J, CILLEI J.		d in the appr				